


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>				<input checked="" type="checkbox"/> DUPLICATE			
Address to: <b>Box PATENT APPLICATION</b> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450				Attorney Docket No. <b>KIMJ3016/EM</b> First Named Inventor (or identifier) <b>Jinho KIM</b> Total Pages <b>81</b>			
Transmitted herewith is a patent application under 37 CFR 1.53(b). <b>10/629560</b> <b>16235 U.S. PTO</b>				Entitled: <b>Golf Shoes</b>			
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p>10 pages of specification, including claims and Abstract.          4 sheets of FORMAL drawings (Figs. 1, 2, 3a, 3b, 4a, 4b, 4c, 5a, 5b).          2 claims.          1 Oath/Declaration signed by each inventor.          1 Application Data Sheet.          1 certified copy of Korean appl nos. 2002-26474; 2002-68348; 2003-11866.          Priority is claimed.          1 check in the amount of \$375 (Filing Fee).</p> <p><input checked="" type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____.</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____.</p> <p><input type="checkbox"/> 6. Other: _____</p>							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.							
THE FILING FEE IS CALCULATED AS FOLLOWS:							
Basic Fee:		\$750.00		Total Claims:		2	
Independent Claims:		1		- 20 =		0	
				X \$18 =		\$0.00	
Multiple Dependent Claim (add \$280.00):		\$0.00		Subtotal:		\$750.00	
50% Reduction if Small Entity Status:		\$375.00		Total:		\$375.00	
Phone: 703-683-0500		Fax: 703-683-1080		Name:		Eugene Mar	
Date:		July 30, 2003		Signature:			
Reg. No.		25,893					



07/30/03